

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
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34	1					
35	1					
36	1					
37	1					
38	5					
39	1					
40	1					
41	1					
42	1					
43	1					
44	8					
45	8					
46	8					
47	1					
48	1					
49						
50						
TOTAL IND.	5					
TOTAL DEP.	55					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						